



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

STEVEN THORNTON MD
8210 WALNUT HILL LANE SUITE 130
DALLAS TX 75231

Respondent Name

LM INSURANCE CORP

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-11-3940-01

MFDR Date Received

JULY 5, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Insurance keeps requesting appropriate HCPCS code. There is not one. The code is 29877 and it is not global to 29881 separate compartments."

Amount in Dispute: \$3049.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT codes 29874...and 29877...should not be reported with other knee arthroscopy codes (29866-29889)."

Response Submitted by: Liberty Mutual Insurance Group, 2875 Browns Bridge Road, Gainesville, GA 30504

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 21, 2011	CPT Code 29877-59	\$3049.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated March 21, 2011

- B223-For the billed services to be reviewed, please submit an appropriate HCPCS code.

Explanation of benefits dated June 9, 2011

- B223-For the billed services to be reviewed, please submit an appropriate HCPCS code.

Issues

1. Is the requestor entitled to additional reimbursement for CPT code 29877-59?

Findings

1. According to the submitted explanation of benefits the insurance carrier denied reimbursement for CPT code 29877-59 based upon reason code "B223-For the billed services to be reviewed, please submit an appropriate HCPCS code".

CPT code 29877 is defined as "Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)."

The respondent states in the position summary that "CPT codes 29874...and 29877...should not be reported with other knee arthroscopy codes (29866-29889)."

The requestor states in the position summary that "The code is 29877 and it is not global to 29881 separate compartments." The requestor used modifier 59 to differentiate code 29877 from 29881.

Modifier 59 is defined as "Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."

A review of the Operative report indicates that the claimant underwent "Right arthroscopic partial medial meniscectomy; Chondroplasty right medial femoral condyle; and Chondroplasty right patellofemoral joint."

Per NCCI edits, CPT code 29877 is a component of 29881 and a modifier is not allowed; therefore, the use of modifier 59 is not supported. Because 29877 is a component of 29881 reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

6/18/2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.